

**RECORDS TRANSMITTAL AND RECEIPT**

**Deliver the original of this form and the attached Transmittal Spreadsheet  
to the Metro Records Center along with the records.**

**1. To: Metro Records Center  
1115 Elm Hill Pike  
Nashville, Tn. 37210**

**2. From:**

**3. Department/Division Head (Signature and Title)**

**Telephone:    Date:**

**4. Department Records Officer (Signature and Title)**

**Telephone:    Date:**

**5. Records Received in Metro Records Center by:**

**Telephone:    Date:**

**6. Access Restrictions:**

**7. Total Boxes Transferred:**

**A hard copy printout of the completed Transmittal Spreadsheet must be attached.**